Editorial

Patients, Physicians and Industry

During the past meeting of the ABC/WIN in Val d'Isère, January 12-18, 2002, discussions took place on the sometimes treacherous relationship that can develop between industry and physicians and its potential negative impact on patient care.

Dissemination of medical information can take several formats but tends to focus on successes of treatment, while negative outcome associated with the use of new tools tends to be under or unreported.

There is often significant pressure from our industrial partners to have their new products implemented thereby creating a return on their investment and as their will always be eager investigator-physicians to use these new products and demonstrate their effectiveness, a potential conflict may arise. This potential conflict may limit the objectivity with which initial clinical results using new treatments and tools are assessed. If these investigators have some type of financial involvement with the company of which they are assessing new products, then their ability to remain objective can be questioned.

It has become mandatory at certain scientific meetings around the world to disclose any financial interest in companies on whose products investigators are reporting. This practice needs to become more widely accepted in order to provide a clearer understanding for the audience attending scientific meetings regarding the potential bias of certain investigators.

This does not mean that physicians should not have the freedom to have financial relationships with industry, but such a disclosure clears the air with respect to the audience's interpretation of the data made available by such physicians.

When data regarding new products are not positive and significant complications become apparent during the early use of new tools or techniques, does it then become the ethical duty of physicians and their industrial partners to disclose such experience and rapidly disseminate this information prior to the use of such product by others in the management of unsuspecting and therefore uninformed patients?

The second issue that arose during the meeting was related to the experience of several physicians in the audience with malfunctioning equipment (premature detachment of Synergy GDC coils from Target therapeutics, Boston Scientific) and the lack of information made available

by the manufacturer to other physicians using this product. The specific question raised was: when specific problems are encountered by doctors while using a new product and these problems are reported to the manufacturer no communication on behalf of the manufacturer regarding this specific problem is made in a predictable fashion to other doctors using the same product. This leaves the other users of the same product on other patients unaware of the problem and vulnerable to having product-related complications. In addition, as demonstrated in Val d'Isère, the manufacturer may in fact realize the occurrence of a problem and upon investigation identify the potential root of the problem but still elect not to communicate this information to practising doctors or instigate a recall of the product. Apparently no worldwide rules or guidelines exist as to what response should be expected under which circumstances and no information system currently exists to access or distribute product failure-related information. It was suggested that the WFITN could take an active role in this matter and perhaps be such information centre.
As these are important practical and ethical issues, we believe that this communication could be the basis for further discussion and dialogue, hopefully leading to improved safety in patient care in interventional neuroradiology. It is absolutely clear that the progress of this exciting specialty requires close collaboration between physicians and industry but the respective roles and the relationships will need to remain honest and open for patients to receive the best and safest treatment possible.

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